



**Vietnam Veterans of America**  
**8719 Colesville Road. Suite 100**  
**Silver Spring, MD 20910**  
**Please fax to Finance (301) 585-5542**

**Expense Report**

**ADVANCE** /  **REIMBURSEMENT**

Attach Receipts to Blank Paper – We Pay Only When There Are Receipts

**Note:** All requests must be turned in **within 30 days** of the expense.

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Purpose of expense \_\_\_\_\_ Budget Charged: \_\_\_\_\_

Point of origin \_\_\_\_\_ Destination \_\_\_\_\_

Date: Depart \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ Return \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_

**EXPENSES**

**TOTALS**

1. Travel: Air \$ \_\_\_\_\_

2. Mileage: (Accounting will compute) – Total Mileage \_\_\_\_\_

3. Per Diem: (\$50.00/day) \_\_\_\_\_

4. Lodging: \_\_\_\_\_

5. Postage: \_\_\_\_\_

6. Telephone: \_\_\_\_\_

7. Office Supplies: \_\_\_\_\_

8. \_\_\_\_\_

9. **Grand Total** \$ \_\_\_\_\_

10. **Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Finance Department Use Only**

CFO Approved \_\_\_\_\_ Director of Finance \_\_\_\_\_ Date \_\_\_\_\_